

CLAIMS ONLY

Application Number

10/16/86 19

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2	/					
3		/				
4		/				
5		/				
6		/				
7		/				
8						
9		/				
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	/					
21						
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33						
34		/				
35		/				
36		/				
37		/				
38						
39		/				
40		/				
41		/				
42		/				
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	5					
Total Depend	24					
Total Claims	29					

May be used for additional claims or amendments

51		Indep	Depend	Indep	Depend	Indep	Depend
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
Total Indep	2						
Total Depend	9						
Total Claims	11						

11
40